

State: ALASKA

Citation(s)

2.6 Financial Eligibility

42 CFR  
435.10 and  
Subparts G & H  
1902(a)(10)(A)(i)  
(III), (IV), (V),  
(VI), and (VII),  
1902(a)(10)(A)(ii)  
(IX), 1902(a)(10)  
(A)(ii)(X), 1902  
(a)(10)(C),  
1902(f), 1902(l)  
and (m),  
1905(p) and (s),  
1902(r)(2),  
and 1920

- (a) The financial eligibility conditions for  
Medicaid-only eligibility groups and for  
persons deemed to be cash assistance  
recipients are described in ATTACHMENT 2.6-A.

TN No. 92-01  
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TN No. 91-13

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